



# Explanation of Benefits

Aetna U.S. Healthcare of Washington  
Attention: AlaskaCare  
P.O. Box 91028, Seattle, WA 98111-9128  
Toll Free 1-888-252-2734

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I.D. Number 999-11-8219	Page Sequence Number 11-1D-10004
C-S-A 337914-12-00	ICN Number 01003
	Date Prepared 11/5/97

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ABC COMPANY

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SW TEST-CLAIM  
100 MAIN ST  
HARTFORD, CT

06103-9422

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For Customer Service, please call:  
1-800-334-0299

or write to the address shown above.

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This is an explanation of the benefits for the bills received on 11/1/97.

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Patient: JONATHAN (Son)

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Benefit Year: 1997

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TCN: 198-97307-0000001

Bills Submitted	Billed Charge	Network Negotiated Charge	Amount Not Covered	R M K	Amount Pending	R M K	Your Co Payment	Amount Applied To Deductible	Balance	Plan Pays At	Amount Payable by Plan
10 Straub Clinic & Hosp 11/01 Consultation	11 \$120.00	12 \$75.00	13	14	15		16 \$5.00	17	18 \$70.00	19 100%	20 \$70.00
21 Totals	\$120.00	\$75.00					\$5.00		\$70.00		\$70.00

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Actual Benefits Paid

\$70.00

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## Plan Information – 1997

	Plan	Year to Date	Remainder
Indiv. Deductible	\$250.00	\$250.00	\$0.00
Family Deductible	\$500.00	\$500.00	\$0.00
Indiv. Coinsurance Limit	\$1,000.00	\$750.00	\$250.00
Family Coinsurance Limit	\$2,000.00	\$1,500.00	\$500.00
Lifetime Benefits	\$1,000.00	\$1,069.99 Paid	

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## Payment Information

Plan Payments Sent To	Date	Amount
STRAUB CLINIC	11/14/97	\$70.00
Patient's Portion	25	\$5.00

RMK (REMARKS):

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PLEASE INCLUDE A FULLY COMPLETED CLAIM FORM THE NEXT TIME YOU SUBMIT A CLAIM.  
THIS INFORMATION IS REQUIRED TO UPDATE YOUR FILE.

PLEASE RETAIN FOR TAX PURPOSES – COPIES ARE NOT AVAILABLE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

## How To Read Your Explanation of Benefits.

- 1 The Aetna U.S. Healthcare office that processed the claim.
- 2 The employee's/retiree's ID number and the date the claim was processed.
- 3 Your employer's name.
- 4 Employee's (retiree's) name.
- 5 Claim office phone number, address, and service hours.
- 6 The date your claim was received by Aetna U.S. Healthcare.
- 7 The patient's name.
- 8 The benefit year.
- 9 The transaction control number (TCN) used by Aetna U.S. Healthcare to identify the claim.
- 10 The date of service, the provider of service, and a brief description of service.
- 11 The provider's billed charge.
- 12 The network negotiated charge (the special fee that the provider has negotiated through Aetna U.S. Healthcare for the service).
- 13 The amount not covered is how much is not covered under the company's plan. (Boxes 14 and 26 will provide further information).
- 14 The remark section provides a two-digit code for the not covered amount which is explained in box 26.
- 15 The amount pending. A decision on this amount has been delayed. The remarks section (see boxes 14 and 26) explain why, what additional information Aetna U.S. Healthcare may need, and what, if anything, the employee (retiree) needs to do.
- 16 The amount of employee (retiree) coinsurance for services rendered.
- 17 The amount applied to deductible is how much of the submitted bill(s) will be applied to the employee's (retiree's) deductible.
- 18 The balance is the amount of the submitted bill that will be considered for payment after subtracting deductibles and expenses not covered or pending.
- 19 This section tells you the coinsurance or percentage rate the plan will pay on the covered balance of the submitted bill (see 18).
- 20 This is how much the plan will pay on the submitted bill if there is no other coverage or if no adjustments need to be made.
- 21 The amounts in these columns represent the totals for each column.
- 22 The actual benefits paid amount is how much of the submitted bill(s) the plan is paying. This amount may be different from the amount payable by plan (see 20) if there is other coverage or other adjustments have been made.
- 23 The plan information box provides information on your deductibles and coinsurance limits.
- 24 This area identifies who receives payment from Aetna U.S. Healthcare for each submitted bill—either the provider or the employee (retiree). If the employee (retiree) has submitted several claims for different family members, then a record of payment will be summarized on the last page of the statement.
- 25 The optional patient's portion amount tells how much of the bill was not paid by the plan.
- 26 Remarks provide information about how this claim was processed and other health plan information.